Foster Family Home - Deficiency Report

Provider ID: 1-200044

Home Name: Rosalinda G. Asuncion, RN Review ID: 1-200044-3

91-1026 Ma Ke Kula Place Reviewer: Jackie Chamberlain

Ewa Beach HI 96706 Begin Date: 7/9/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and

procedures and client privacy rights.

Comment:

16.(b)(5) No proof of provide training CG # 2 and HHM on their confidentiality policies and procedures and client privacy rights.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may

delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)No RN delegation present for Client # 1 caregiver # 2

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) unable to locate for client 1 and 2, and no doctors orders at all for client # 1

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Foster Family I	Home Records	[11-800-54]	
54.(c)(2)	Client's current individual service plan, and when appro	opriate, a transportation plan approved by the department;	
54.(c)(7)	Expenditure records; and		
54.(c)(8)	Personal inventory.		
Comment:			
54.(c)(2) Service plan for client #1: service plan lists for r service plan without a MD order f 54.(c)(7) Client # 1 and 2 No Personal allowance log documentation 54.(c)(8) Client # 1 and 2 No signed client belonging record documentation			

Compliance Manager

Primary Care Giver

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 $\frac{7/9/21}{\frac{Date}{Date}}$

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